

IN-SERVICE TRAINING COURSE**REQUEST FOR APPROVAL**

Only the **ORIGINAL** of the request should be sent to:
 Michigan Commission on Law Enforcement Standards
 Career Development Section
 7426 North Canal Road
 Lansing, MI 48913

MCOLLES USE ONLY

Course Code: IT Code:
 Course Number:
 Type of Request:

1. Agency Name Address:		2. Date:	
3. Course Title/Classification:			
4. Course Coordinator:		Phone Number:	
5. Contact Person:		Phone Number:	
6. Instructor(s): - (Attach an instructor resume for each instructor who will teach this course)			
7. Required Hours Per Day:	8. Total Course Hours:	9. Student/Instructor Ratio:	
10. Whom is the Intended Audience?			
11. Please Provide a Brief Description of the Course:			
12. Recertification/Skill Maintenance Requirements:			
13. Attendance Requirements:		14. Facility and Equipment Requirements:	
15. Dates and Locations that this training will be presented:			
16. What are the required text(s) or reading assignments?			
17. What are the methods of instruction?			
18. What is the need for this course?			
19. What is the relationship of this course to others?			
20. What are the completion requirements for this course?			
21. Course Syllabus/Outline: (Provide as an Attachment With This Request)			
22. Performance Objectives: (Provide as an Attachment With this Request)			

Authority: PA 203, of 1965, as amended
Completion: Voluntary